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ORIGINAL ARTICLES:

FARADIZATION OF CHEST-WALLS AFTER OPERATION FOR SCIRRUS. By W. F. Waugh, A.M., M.D.	267
EPIDEMIC DYSENTERY. By Herman D. Marcus, M.D.	268
DOSIMETRIC MATERIA MEDICA. By Chas. Everett Warren, M.D.	270

EDITORIAL:

EDITORIAL RESIGNATION	273
OPIMUM HABIT	273
TRIAL OF ALICE MITCHEL	273

ANNOTATION:

A Peripatetic College	274
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LETTERS TO THE EDITOR:

Private Correspondence. <i>Strock and Forrest</i>	274
Retained Placenta. <i>Nolan</i>	274
Diagnosis and Treatment Wanted. <i>Hurd</i>	274
Penetrating Wound of Knee-Joint. <i>Cuffman</i>	275
Frontal Neuralgia and Dysmenorrhea. <i>Coates</i>	275

THE MEDICAL DIGEST:

Gonorrhoea (*Eclectic Med. Jour.*)—Cancer of the Rectum (*Cripps*)—The Lessened Vitality of Females at the Time of Puberty and Adolescence (*Crichton Browne*)—Treatment of spinal Abscess (*Cheyne*)—Enlarged Prostate (*Harrison*)—Ulcers of the Leg (*Gramshaw*)—Summary of the Opium Discussion at the Calcutta Medical Society (*Indian Medical Gazette*)—Solar Caustery in Lupus Erythematosus (*Thayer*)—Anæmia and Mountain Air (*Lancet*)—Treatment of Diphtheria (*Rademaker*)

PAGE

PAGE

—Sulfonal in the Cramps of Fractured Limbs, and Reflex Spasms from Other Causes (*Andrews*)
—Anatomy of the Hymen (*Cullingworth*) 276-283

THERAPEUTIC NOTES FROM THE FRENCH. *Bing*—Some Disorders Provoked by Adenoid Vegetations in Young Children (*Barbon*)—The Influence of Costume in the Production of Floating Kidney in Women (*Karangi*)—"In Re Brown Squard" (*Pochl*)—Asphyxia by Submersion (*Brouardel*)—The Therapeutic Use of Syrup of Chloride of Iron (*Ved*)—Technique for the Rapid Staining of B. Tuberculosis in Specimens Preserved in Muller's Fluid (*Letulle*)—Transmissibility of Tuberculosis by Bed Bugs (*Dewees*)—The "Tuberculosis" Congress in 1893 (*La Revue Medicale*)—Treatment of Burns in Children (*Wertheimer*)—Bromide of Ethyl as an Anæsthetic (*Barbon*)—On the Narcosis Produced by the Bromide of Ethyl (*Gille*) 283-287

GERMAN NOTES. *Marcus*—Therapie of Trional and Tetralol (*Schaefer*)—Chloroform in Typhoid Fever (*Werner*)—Hemorrhoids (*L'Union Méd.*)—Iodoformum Deodoratum (*Pharmaz. Zeitung*)—Diuretin (*Pharmaz. Centralheft*)—Guajakol in Phthisis (*Oliva*)—Cholera Infantum (*Sonnenberger*)—Diarrhoea in Children (*Sympton*)—Diarrhoea, Nervous (*Nothnagel*)—A Case of Cyanide of Potassium Poisoning (*Wichman*)—Poisoning With Hydrocyanic Acid (*Kobert*) 287-289

MEDICAL NEWS AND MISCELLANY 289

SPECIAL ARTICLE:

TREATMENT OF ELECTRICAL INJURY FROM COMMERCIAL CURRENTS. By W. K. D. Blackwood, M.D. 292

WORLD'S FAIR NOTES 294

Original Articles.

FARADIZATION OF CHEST-WALLS AFTER OPERATION FOR SCIRRUS.

By W. F. WAUGH, A.M., M.D.

A LADY had had both breasts amputated for scirrhus. On one side a good deal of the skin had been removed, as well as the muscles and other tissues, down to the ribs. The wound had healed by granulation; but the nutrition of the skin and the cicatrix was poor, and there was a tendency to breaking down of the scar tissue whenever her strength was depressed. On the other side, the upper inch of the scar was indurated in a way that seemed ominous to the attending physician. On the back, near the inferior angle of the left scapula, was a hard gland about as large as a grain of corn. On the neck, the upper cervical glands were enlarged to the same size, on both sides,

and one middle cervical gland on each side could be felt, as large as a kernel of wheat. The lady complained of pains in the chest so severe as to prevent her sleeping. She was thin and haggard, and a victim of cancerophobia; had no appetite, and little digestive power. The second tumor had developed after the removal of the first. The operations were in February and May of the present year. The case came into my hands on July 7. Assuredly this was a case calculated to cause uneasiness. The cervical glands had no direct connection with the breasts, however, and I felt justified in doubting their cancerous nature. Sending for my fine Kidder faradic battery, I began to treat the chest with a mild current, using the positive pole. Whenever I found a tender spot the current was turned down until no pain was felt, and this was continued for some minutes. The scars were also treated in the same manner. The séances were never over fifteen minutes, and in that time the whole front of the

chest and the neck were treated. The most tender spot was at the apex-beat of the heart, an inch or more below the cicatrix. Here a very gentle current could alone be borne, and that from a Gaiffe pocket battery was altogether unbearable, even in its mildest form. I have never seen the superiority of the Kidder rheotome more clearly demonstrated. The results of treatment after two months are as follows:

1. The pains were relieved at once, and every time the application was made.
2. The nutrition was improved; the cicatrices became healthier, and where they had broken healed over at once.
3. The cicatrices became paler, losing the red, angry flush perceptible at my first examination.
4. The induration in the right cicatrix has almost completely disappeared.
5. The cervical glands show no perceptible alteration at the end of two months, except that they are no longer the seat of pain.
6. The general health and the nervous condition of the patient have greatly improved.

Had the indurations been cancerous, in two months there would have been a perceptible increase in their size. Without in any way claiming for faradization any part in dissipating cancerous growths, I wish specially to call attention to the improvement in the nutrition of the tissues, weakened by the destruction of their nutrient vessels, and to suggest that this innutrition was the cause of the pains. If this be accepted, the great relief following the use of faradization is also noteworthy.

EPIDEMIC DYSENTERY.

By HERMAN D. MARCUS, M.D.,
Resident Physician at the Philadelphia Hospital.

DYSENTERY, when appearing in its epidemic character, is one of the diseases in which little treatment is probably better than a continuous application of drugs, valueless to the patient and tending to destroy the patient's vitality.

In my experience with epidemic dysentery at the Philadelphia Hospital, I had occasion to notice the effect of a number of drugs and combinations of drugs, and I have seen that no preparations that I had tried have had the least effect in checking or aborting the disease. The

disease, once taking its foothold, will run its course despite all treatment, although by a judicious application of some drugs we may avert unhappy complications, or, if such have arisen, we are able to combat them more readily.

The dangerous feature of dysentery lies probably in its character as a depleting disease and its great number of complications.

Dysentery, when epidemic, is generally ushered in with slight fever, rapid, but weak pulse, and quick prostration.

The stools are characteristic, consisting of blood, brownish mucus, and pus, in which, at times, in some cases, patches of intestinal mucous membrane are present.

The tongue becomes dry, with marked red tip and edges, and a brown coating.

Anorexia, nausea, and vomiting are next observed, and the stools, still bloody in their character, increase in number.

The patient becomes rapidly emaciated, and has a peculiar, anxious, and worn expression. It is about this time that we may look for complications.

I had occasion to observe patients who, developing pulmonary lesions, would become critical in less than twenty-four hours, others again would show marked symptoms of uræmia, while others who had some previous cardiac lesion would rapidly collapse.

The exhaustion due to the stools, so depressing in their character, may very easily be medicated, but once complicated with some pulmonary or cardiac lesions, and the patient's chances become *nil*.

During my experience with dysentery, I found that one drug especially seemed to have some peculiar specific influence on the course of the disease, not that it was truly specific in its action, but it seemed to bridge the patient over more safely.

I speak of sulpho-carbolate of zinc.

I have found that whenever I employed the sulpho-carbolate, the number of stools decreased rapidly, the temperature became soon normal, or nearly so, and the patient seemed to become brighter.

Although not all cases were equally successful, the ratio of recoveries when employing this drug, compares very favorably with any other drugs employed.

Complications when arising in patients who were under this treatment, did not seem to become as dangerous as in patients not under this treatment.

I have used the sulpho carbolate only in asthenic cases, and I can heartily recommend it, not as a drug which can check the dysentery, but as a drug which will ameliorate the conditions present.

I have given sulpho-carbolate of zinc in doses of from 2 to 5 grains every two to three hours, and continued its use until the stools became greenish.

I then used an astringent mixture, which I found was of great benefit in decreasing the intensity of the diarrhoea following the green stools. The mixture consists of—

R.—Bismuthi subnitrat. ʒiv.
Creosoti. ℥xxiv.
Tr. opii camph. fʒxij.
Mist cretæ. fʒiv.
Aq. menth. pip. q. s. fʒvi.
M.—S. fʒss every four hours.

Whenever the bloody stools became too numerous a pill consisting of

R.—Plumbi acet. gr. ij.
Pulv. opii.
Camphoræ. āā gr. ss.

every three hours until twelve were taken, and then t. i. d., was found to reduce the number of stools to two or three daily.

Uræmia, when complicating dysentery, was treated by giving pilocarpine gr. $\frac{1}{3}$, and sweating the patient for from one to two hours. Uræmic convulsions were treated by hypodermic injections of morphine combined with the sweating. To stimulate the heart, tincture of digitalis was freely used as well as strychnine. Nitroglycerine, 1 drop of a 1 per cent. solution every hour, until the face became flushed, was used in a few cases with marked results.

Pulmonary complications were found to be the most resisting to treatment, and whenever such entered into the phase of the disease, the patient became critical and ultimately died, despite all exertions to save his life. Flushing the lower bowels with a creoline solution was tried in a number of cases, but I could not see any improvement under such treatment.

Dysentery cannot be checked or aborted, it will run its course, the stools will gradually become green, and finally change to a simple diarrhoea, despite all treatment.

Our aim must be to support our patient, and a nourishing diet and early stimulation must be employed.

Beef broths, boiled or peptonized milk, white of eggs or some beef preparation, must be given at regular intervals.

Feeding every two or three hours, with occasional stimulation, will do a great deal towards saving our patient's life. Under no circumstances should anything but a liquid diet, bland but nourishing, be given.

The beef preparation which I have found most useful in very weak debilitated persons was Bovinine. It is, without doubt, unequaled in its purity, and may be given with impunity.

It is my habit to give from 10 to 30 drops of bovine in about one teaspoonful of milk every half hour, when the patient is very much emaciated and debilitated, while in patients less weak I have given ʒi to ʒij every three to four hours, using as a vehicle either milk, wine, whiskey, or water.

The effect of such a treatment is at times wonderful, and I have seen cases, which seemingly unable to recover from the marked prostration, regained their strength rapidly under the influence of bovine. When using this preparation attention must be paid to the fact that the patient must not be nauseated. If the patient takes the bovine unwillingly, objecting to its taste, our aim must be to disguise the preparation properly, generally a little wine or whiskey added will be found sufficient.

But we will encounter patients so sensitive that even then they will object. Then we must use enemas, a good formula being:

R.—Bovinine. fʒij.
Milk. fʒiij.
Sig. Every four hours.

The disadvantage of employing bovine as an enema lies in the condition of the lower bowels. They being in a stage of severe inflammation they are not quite in a position to assimilate food thrown in. Still, by using such a large amount of bovine at one time, sufficient is retained to act successfully.

But wherever it can be given by the mouth it is undoubtedly preferable, and will show the most wonderful results.

Regarding stimulation, my experience has been that it is well to start early with small, though regularly given doses of whiskey or brandy, such as fʒi to fʒij every two hours. Overstimulation must be carefully avoided, as it will greatly endanger our patients. From a hygienic standpoint it is very important to thor-

oughly disinfect every stool, and keep everything surrounding the patient clean.

DOSIMETRIC MATERIA MEDICA.

By CHAS. EVERETT WARREN, M.D.,

UNION PARK, BOSTON, MASS.

[CONTINUED FROM LAST WEEK.]

Hydrastine.—A succedaneum for quinine. It increases the intestinal and mucous secretion and is purgative in doses of several centigrammes. Upon the stomach it has an action analogous to that of quassine. It is, therefore, at the same time a gastric tonic and a tonic laxative. Hence it is indicated in constipation as well as in diarrhoea, when the one or the other is due to gastro intestinal atonicity, as in chronic gastritis due to chronic alcoholism. In doses of one, four to eight granules a day.

Hyosciamine.—The best of sedative drugs, because it is not irritating. Conjointly with aconite it quiets the brain in insomnia, but it is especially efficacious in spasms of all kinds, irreducible hernia, especially strangulated, where it aids the surgeon by relaxing the constrictions of the viscera; when spasm is concurrent with paralysis this alkaloid should be conjoined with strychnine. This combination is an excellent remedy against mal de mer, gastralgia, cystalgia, etc., in a word, in all lesions of the visceral cavities. One granule every half hour.

Hypophosphites, (Lime, Soda and Potash) are organic alternatives in rachitis, osteomalacia, consumption, etc., in doses of a dozen a day, three or four at a time. They may be given singly or collectively as the system demands potash, soda or lime, and are often advantageously combined with strychnine or brucine.

Iodoform contains a very large percentage, as high as 90 per cent., of iodine. It is a diffusible stimulant and sedative. Indicated in irritation of the primary passages. It is, properly speaking, an anæsthetic, but it never suppresses the secretions and on the contrary restores them to their natural state, when in any way changed, as in the last period of phthisis pulmonaris. The dose is from twelve to twenty granules per day. Also indicated in bad breath. Its action is mild and not corrosive. In lymphatic affections it is useful to incite crasis.

Iridin is diuretic in small doses of two to five granules a day, but purgative and emetic in larger doses. One granule every half hour is indicated as a counter-stimulant in pneumonia, acute bronchitis, etc. Its action is analagous to that of veratrine, and, like it, is often associated with aconitine.

Iron Arseniate.—Indicated in anæmia, chlorosis, sanguinous dyscrasias, herpes, scrofula, cancer, syphilis, etc. Four to twelve granules a day.

Iron Lactate.—An excellent digestive and hæmatic remedy. Several granules to be given at meals.

Jalapine.—This does not have the drastic properties of jalap, but is a simple excitant of the intestine, like elaterine, to which it is analagous in quality, indication and dose.

Juglandine.—A vermifuge and depurative. As a vermifuge it should be combined with kousseine, picROTOXIN, santonin or calomel. As a depurative it should be combined with mercurials and iodides in syphilis; with the hypophosphites, iodoform and iron, in scrofula; in doses of ten to twelve granules a day.

Kermes is an expectorant in doses of six to eight granules a day, two at a time.

Kousseine.—A vermifuge, not as violent in its action as kousso. It is powerless against tænia. It has not the dangers of santonine, replacing it, to advantage, in many cases, especially in young children. It should be given in doses of two granules every hour until the desired effect is produced, and then a dessertspoonful of castor oil is to be given.

Leptandrine.—A tonic, regulating the nerves of the hepatic and intestinal centers. It re-establishes the normal biliary and intestinal secretions, and is indicated in chronic diarrhoea, in bilious affections, typhoid fever, cholera infantum, etc., in doses of from two to five granules every hour, alone, or in combination with rhubarb or podophyllin.

Lobeline.—Emetic, expectorant, diaphoretic and antispasmodic. Indicated in pneumonia, croup, epilepsy, hysteria, tetanus, etc.; one granule every quarter or half hour in acute cases; six to eight daily in chronic.

Lycopine.—Narcotic and astringent. Indicated in spasmodic cough, hemoptysis, phthisis, pulmonaris, pulmonary catarrh, etc.

Manganese Arseniate.—This sometimes replaces the arseniate of iron to advantage, or it may be conjoined with it in anæmia to reconstitute the blood. It is best to associate the two in the same doses, and always progressively.

Mercury Biniodide.—Indicated in syphilis and secondary accidents therefrom; in doses of four to eight granules a day, until discoloration of the skin or disappearance of the plaques. More active than the protoiodide, a better eliminant, and less liable to induce mercurialism.

Mercury Protoiodide.—A mild preparation of mercury, not inducing salivation; of use in primary syphilis, to favor the resolution of indurations, in doses of ten granules a day.

Morphine Hydriodate.—The iodides are noted for their solubility, and are especially advantageous in diatheses. The hydriodate of morphine is especially useful in scrofulous inflammation, noticeably, that of the eye, with photophobia, used in conjunction with hyosciamine. One granule of each every half hour to sedation.

Morphine Hydrobromate.—Of the same qualities as hydrobromate of cicutine, and indicated conjointly with it.

Morphine Hydrochlorate.—An excellent and almost instantaneous calmative. Indicated in acute pain, especially that preventing sleep; in neuralgia, otitis and all inflammations of fibrous membranes. Four granules, with a potion of chloroform, may induce insensibility without loss of consciousness, so-called analgesia, a condition less dangerous than total anæsthesia. Inflammation being the daughter and mother of pain, it is essential to check this morbid element as speedily as possible. In painful operations this drug may be given in four to five granule doses, followed by chloral in a potion, repeated, if necessary.

Narceine has the same qualities as codeine, with an accessory stimulant action, indicating its exhibition in cases of torpor; two granules every half hour during the day, or four granules at night.

Pelletierine Tannate is an anthelmintic and powerful tæpifuge. Its dosimetric use, ten to twenty granules at a time, every ten minutes, associated with laxative granules, castor oil or neutral sulphate of magnesia, avoids the vertigo and threatened syncope which often occur in the use of massive doses. Its massive

dose of twenty centimeters is not followed by a purgative until two hours after its ingestion. Dosimetrically taken every ten minutes, ten tubes would be absorbed in two hours, the equivalent of a dose, in the aggregate, of ten centimeters, usually sufficient to accomplish the desired purpose to be immediately followed by neutral sulphate of magnesia, a teaspoonful in a glass of water.

Pepsin.—A digestive ferment, reinforcing the gastric juice and supplying its fermentative deficiencies, to be given in doses of ten granules at each meal.

Picrotoxine.—A vermifuge, useful to the clonic convulsions due to helminthiasis; also indicated in hysterical epilepsy, in vesanies, etc., to stimulate the action of the intestine, four to six granules a day.

Pilocarpine Nitrate.—A sialagogue and sudorific, greatly increasing the secretion from all glands, not only the salivary and sudorific, but the mammary, hepatic, pancreatic and mucous glands of the bronchial and pulmonary system. Indicated in the pharyngeal dryness produced by atropine and its congeners, in chronic and pseudo-membranous bronchitis, in dry dermatoses, in agalaxia, achalia and fatty or chylous diarrhoea.

It is extremely efficacious in pleurisy with effusion favoring resorption by sudoral hypercrinia. It acts in the same way in idiopathic ascites and anasarca, especially in those morbid states resulting from a chilling and consequent suppression of cutaneous transpiration. It has been claimed to be oxytocic, but ergotine and strychnine are superior. The doses are progressive to the effect and should always be associated with strychnine.

Piperine possesses the same qualities as cubebine, and is indicated in conjunction with, or as an alternative for, that drug.

Potash Arseniate strengthens the muscular system. Indicated in convalescence, associated with arseniate of iron; in partial or general progressive muscular atrophies, conjoined with arseniate of strychnine four to eight granules a day.

Podophyllin.—A valuable purgative in obstinate constipation. One or two granules to be taken at night, followed in the morning by neutral sulphate of magnesia.

Quassine is a gastric stimulant to digestion, acting upon the digestive juices, and also inciting peristaltic action in doses of three to four granules at meals. It is

especially valuable in dyspepsia and want of appetite.

Quinine Arseniate.—A valuable combination in paludal fevers, superior to the sulphate, especially when conjoined with strychnine (arseniate or sulphate). The antiasmatic *par excellence*, it is the sovereign remedy in infectious and typhoid affections. One granule every half hour to the amount of ten to twenty granules in the twenty-four hours in acute cases. Eight to twelve granules a day, two or four at a time, in paludal cachexias, associated with arseniate of iron, caffeine, etc.

Quinine Hydrobromate is an excellent febrifuge, especially in irritation of the spinal cord. The indications are the same as for the hydro-ferro cyanite.

Quinine Hydro-ferro-cyanite.—By the combination of iron and hydrocyanic acid, the action of the quinine is so greatly increased that as large a quantity of this preparation is not required as of other preparations of quinine. This removes the danger of inducing an artificial (quinine) fever, an accident which the Hahnemannians have long used as a favorite argument against Alopaths. It would be in error, however, to imagine that this salt of quinine acts like quinine alone. It has an essential chemical difference. It may be given in doses of six granules at a time, repeated every hour during the apyrexia period up to the period of access, which, by the way, seldom occurs under this treatment. The drug is also indicated in all periodical diseases, notably neuralgia, in this case being combined to advantage with hydriodate of morphine.

Quinine Sulphate.—Of this universally-known drug there is little to say. Care is necessary to avoid massive doses which may, and often do, induce an artificial gastritis. Strychnine doubles the strength as measured by effect, so that a much smaller dose induces the required effect.

Salicylates (Ammonia, Iron, Lithia, Quinine, Soda).—Excellent remedies in miasmatic or zymotic affections, acting upon the blood and secretions in doses of eight to ten granules a day.

Santonin.—A vermifuge, specific against ascarides lumbricoides; employed alone it is often effective, and is therefore better associated with calomel, kousseine, jugiandine, or tannate of pellelerin.

Scillitine is an excellent modifier of the respiratory and urinary mucous mem-

brane. A substitute for digitaline. It is indicated in bronchitis (period of expectoration), in pneumonia, in asthma, and chronic diarrhoea. Eight to ten granules a day.

Soda Arseniate has all the indications of arsenious acid (q. v.), but is milder in its action, and better endured by the stomach. Indicated in enlargement of the liver and engorgement of the portal vein and the herpetic diathesis. Two to eight granules a day, two at a time.

Strychnine Arseniate.—Indicated in the initial period of typhoidal maladies, pyrexias and inflammations. In nervous insufficiency it should be combined with hyosciamine, especially where there is a spasmodic disturbance of the normal physiological equilibrium, as in asthma, dysphagia, dysuria, physometra, etc.; one granule every half hour in acute affections, and one or two every hour in chronic cases.

Strychnine Hypophosphite.—An excellent modifier of the nutrition. Indicated in rachitis, osteomalacia and chloro-anæmia, to check palpitation and dyspnoea. Two granules every half hour, or six to eight daily.

Strychnine Sulphate.—Same properties as the arseniate, but slightly less energetic. Indicated like the arseniate in the onset and course of pyrexias, as a vital incitant, and in rebellious, spasmodic lesions of the hollow organs, as well as in paralysis, as an excitant of contractility; associated with hyosciamine, it is recommended in sea-sickness.

Valerianates (Iron, Quinine, Zinc).—In nervous fevers, chloro-anæmia, choreiform, convulsions, etc., ten to twelve granules a day.

Veratrine.—This has a marked contra-stimulant effect, replacing tartar-emetic in pneumonia, acute rheumatism, neuralgia, etc., concurrently with aconitine. It is also useful in chronic exanthemata, eczema and ecthyma. One granule every half hour in the acute form, four to six a day in chronic forms of disease.

Zinc Cyanide.—This is indicated in neuralgia, especially the gastric type; in choreiform convulsions conjointly with strychnine, four to eight granules a day of each.

Zinc Phosphite.—A preparation efficacious in chronic convulsions, hysterical or choreiform, in doses of eight to ten a day.

The Times and Register

A Weekly Journal of Medicine and Surgery.

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PHILADELPHIA, September 3, 1892.

IN resigning the editorial care of THE TIMES AND REGISTER, after this number, back into the hands of the editor, upon his welcome return from his summer sojourn, I wish to express my sense of obligation to the readers for aid rendered, and especially to Dr. Mary A. Dixon-Jones, of Brooklyn; Dr. Thomas H. Manley, of New York; Dr. E. W. Bing, of Chester, Pa., and Dr. Herman D. Marcus, Dr. Blackwood and Dr. Sangree, of Philadelphia.

JOHN J. TAYLOR.

THE discussion concerning the opium habit, by the members of the Calcutta Medical Society, will doubtless occasion some surprise. It must be remembered, however, that the experience of these men, though much more extensive than that of any practitioners in America or Europe, is principally among natives, Chinese and Hindoos. And in dealing with subject races, the question of the trouble caused by them is apt to assume greater prominence than that of individual enterprise. If the native be "quiet

and inoffensive," he is looked upon with approbation, even if his faculties be benumbed with opium; while an unusual display of enterprise or independence would occasion rather an uncomfortable sensation. But, even with this discounting, the opinions of the Society are so widely variant from those generally held, that a revision of the grounds on which the use of opium is condemned would be advisable, especially as it is morally certain that the condemnation would be more emphatically decreed. The Anglo-Saxon has no need of opium, nor of alcohol, hashish, or any other of the resorts of weakly and degenerated races.

THE trial of Alice Mitchell for the murder of Freda Ward, her Lesbian paramour, resulted in acquittal on the ground of insanity. This was to have been expected, and the verdict appears to be generally approved by public sentiment. But the lesson of this case appears to us to have been lost. Aberrant impulses are best treated by bringing the affected functions or organs into proper exercise. Choreic muscles are brought under control by well executed gymnastic exercise. The sensual passions, whose unbridled energies lead to such deplorable practice, are controlled by confining them within proper channels. In fact, Discipline is the remedy for many, very many, of the mental, moral and physical ills of humanity. This alleged sexual pervert, Alice Mitchell, should have been safely married in her early youth; and the chances are vastly against her ever having fallen into the ways that led to degeneration of her nervous tissues, insanity and murder. As one of Tennyson's characters in *The Princess* puts it: "A lusty brace of twins would cure her of her folly."

The old, family physician would have advised the proper course, when his experienced eye caught the first evidence of erotic tendencies; but he is now obsolete.

A NEW remedy for hysteria is called divorcin. We have known divorcing prove promptly curative.

Annotation.

A PERIPATETIC COLLEGE.

ACCORDING to the Hot Springs *Medical Journal*, that important medical center has enjoyed the distinction of having in its midst a medical college-on-wheels. The Texas Health College was incorporated by "Drs." Orrin Robertson, W. F. Shipp, W. T. Fisher, H. A. McNeil and Wm. A. Whittenberg, all "M. D.s." Of these erudite gentlemen, Polk's Register for 1890 contains the name of the first alone; and he is marked with a star, indicating his coy refusal to reply when asked to name the college graduating him. His terms for a diploma seem very high, but the qualifications make up for this by being very low. He requires the applicant to sign his name to a list of questions, to which the "Doctor" obligingly supplies the answers. The applicant pays \$1.50, and receives his diploma, conferring the degree of M.D. Among the new members of our profession inducted by Robertson at Hot Springs, were a "farmer and sport," a bell-boy and an "electromasseur." At last accounts the college had started for St. Louis, where it is understood there is generally a long-felt want for a few more medical colleges.

Letters to the Editor.

[Asking the pardon of the authors for publishing private editorial correspondence, we wish to give our readers the following samples of many congratulatory letters.]

AS a subscriber and reader of your excellent journal, I desire to express the gratification that I, perhaps in common with all your readers, feel when I take it up in its improved and now convenient form. This step is but in line with that progressive medical journalism that has given us the special numbers, which are really little books upon the topics of which they treat.

Your special department of French translations is also a feature that deserves commendation. Dr. Bing is doing a good work in epitomizing, and informing us of, the latest advances made in French therapeutical circles. It is impossible for American readers to keep informed of cur-

rent foreign medical progress, unless it is placed before them in the way you are doing, as they have not access to the journals, and could not read them, perhaps, if they had. DANIEL STROCK, M.D.

CAMDEN, N. J.

YOURS of 20th just to hand. You are always welcome, always interesting. I cannot help thanking you for calling attention, this week, to the barbarous pronunciation of the word "Gynecology," which is so general. It is distressing to see how little the generality of our profession know, not only of Latin and Greek, but of their own mother tongue, and it is to be hoped that the efforts being made to advance medical education will result in exacting a thorough preliminary literary, as well as scientific education, from every candidate for the degree of M.D.

JOHN FORREST, M.D.

CHARLESTON, S. C.

RETAINED PLACENTA.

A FEW days ago I was called to remove a retained placenta resulting from a five months fetus. The os was especially rigid, and while satisfied that there were no adhesions, the imprisonment of the placenta was evidently solid. Some time ago I had great trouble with a similar condition, the difference being that the chord was snapped and it was a full term.

After giving a full opiate, I directed a strong and steady stream of hot water into the uterus. This continued at least twelve to fifteen minutes, when, gaining a little *point d'appui*, I commenced the rolling-in process described by Lusk, and had much satisfaction in removing the dangerous sequel. What is striking in those cases is the difficulty of being sure the placenta is there; except the characteristic roughened margins, there is little to guard the diagnosis.

W. J. NOLAN, M.D.

EMMETTSBURG, IOWA.

WILL you please give diagnosis and treatment of the following case: Man, aged thirty-three years; married six years; has suffered at varying intervals during the last year from disagreeable feelings in right arm and right leg, and sometimes the right ear feels as if it was filled with cotton. At one time these symptoms came on suddenly, followed in two days with severe pain and lameness

along the course of sciatic nerve of right leg. The next day he had a temperature of 102° , and felt very sick and weak for two or three days. There is always a considerable soreness of muscles, and some pain which shoots around over left side at times, but it is always much more severe on the right side. The feelings are described as drawing, and sometimes tingling in hand or hollow of foot, and sometimes the bone of one finger seems to ache for a minute or two. This may affect either hand. Two years ago he had brachio-humeral neuralgia, which lasted nearly a week. This was on left side. There are always tender spots over ribs on left side. JAS. T. HURD.

GALETON, PA.

[The symptoms point to disease of the cerebral cortex on the left side, of considerable extent, threatening hemiplegic paralysis. If there be syphilis, it should be treated; if not, counter-irritation, and a course of iodide of iron, with attention to the digestion, avoidance of excitement and of over-exertion comprise our best remedies, poor as they are. The neuralgias mentioned probably indicate a neurotic constitution, and this will require a careful up-building with quinine, strychnine, arsenic, etc.—W. F. W.]

PENETRATING WOUND OF KNEE-JOINT.

I HAVE a patient who cut himself on the inner side of the knee with an adze about three weeks ago, which resulted in synovitis, and later suppuration in the joint. There is a fistulous opening from the joint through the wound, through which the pus readily passes on making pressure upon the joint. There is no disease of the bone. The man is thirty-eight years of age and has previously enjoyed good health. Since suppuration commenced I have injected peroxide of hydrogen into the joint twice a day for the last three or four days, and to-day I injected an ounce of a 10 per cent. emulsion of iodoform in glycerine. If there is a better plan of treatment, will you please suggest it? What would be your prognosis in this case?

I am wellpleased with the special numbers of THE TIMES AND REGISTER. It is just what the busy practitioner needs.

J. H. CUFFMAN, M.D.

DALARK, ARK.

[I would wash out the joint with peroxide solution, repeated as often as pus showed itself; using one part to eight of Marchand's solution, and gradually increasing the strength until the full strength is used, unless the suppuration stops sooner. The leg should first be rendered aseptic by washing with solution of chlorinated soda, one to eight parts of water. Immediately after this washing the peroxide should be used, and an antiseptic dressing applied at once, to prevent re-infection of the joint. The room, house and surroundings should be put in the best hygienic condition, the patient well fed, and the leg put in an apparatus to keep it immovable.

—W. F. WAUGH.]

FRONTAL NEURALGIA AND DYSMENORRHEA.

A GIRL, nearly sixteen years old, applied to me to day for relief from a headache. It is frontal, and has been almost constant for a week or two. She has been subject to such attacks for three years, dating from measles. The pain is becoming more extended and the paroxysms prolonged. The pain is felt over both brows, and is relieved by firm pressure with the hand. She also complains of chilly sensations over her arms and shoulders at irregular times, but not every day. She began menstruating at the age of twelve years, the menses recurring every two or three weeks, with considerable pain in the hypogastrium for two days before and a half a day after the flow begins. The flow continues for a full week, and there is some leucorrhœa in the intervals, but no special backache. The hands and feet are often hot; the appetite variable, often poor. Temperature normal; pulse 89 at the time of her visit. She has a bitter taste in the mornings, water brash frequently. The bowels are regular. Since the attack of measles, her eyes have given trouble, being painful and the sight impaired. She has been fitted with glasses, changed several times, with little benefit.

Your special on "Summer Complaint" has been worth more to me than a year's subscription. Your own particular article helped me grandly in three cases of cholera infantum within ten days.

I have to-day recovered from a severe attack of summer complaint myself,

stopped in twenty-four hours; thanks, principally, to sulpho carbolate of zinc. It is my sheet anchor for bowel trouble.

TRUMAN COATES, M.D.

RUSSELVILLE, PA.

[There is evident here a condition of general nervous debility, dating from the measles, and this should receive attention first, before local treatment is instituted. Give the girl a course of iron in large doses—quinine, arsenic and strychnine in small doses. The water brash indicates the necessity of regulating the diet, and in spite of her assurance that the bowels are regular, I would add a little aloes (gr. $\frac{1}{16}$) to the dose. For the headache, examine eyes, nose and ears for a local cause, and correct any abnormal state susceptible of treatment. Not finding any, and the headache persisting, give chloral, gr. xx at one dose. If this be ineffectual, phenacetine, gr. iij, ever hour until relieved; or, if possible, the galvanic current applied to the painful part, and counter-irritants behind the ear. For the dysmenorrhea, hot rectal injections, bromide of potassium, and rest in bed, for a day or two before the pain is expected, and until it stops; rest in bed, avoidance of stimulant food or drink, and bromide during the flow, and digitaline to lessen its profuseness.—W. F. WAUGH.]

The Medical Digest.

GONORRHOEA.—The use of urethral injections, especially those of a strongly astringent or irritating nature, is gradually being abandoned in the treatment of gonorrhœa, and constitutional treatment alone relied upon. Better results have followed this course and fewer complications and troublesome sequelæ, such as orchitis and stricture, have occurred. A suspensory bandage is to be worn from the very first onset of the disease. The urine should be kept bland and uniritating by mucilaginous and alkaline diuretics. Stimulants and exercise must be avoided, and a soluble condition of the bowels maintained; sexual abstinence rigidly insisted upon. These measures will generally carry our patient through safely and quickly, and without complication, although occasionally the bromides or even small doses of morphine, may be required to allay pain and nervous irritation.—*Eclectic Med. Jour.*

CANCER OF THE RECTUM.—Mr. Harrison Cripps read a paper on "Rectal Excisions for Cancer and the Selection of Suitable Cases, and Prognosis." He said that any attempt to make excision the common treatment of cancer on this part, would only bring discredit on the operation. In only a few carefully selected cases was operation feasible. Severe operations extending high up were justifiable only when there was a fair chance of completely removing the disease. After partial excisions, the remaining morbid growth increased more rapidly than ever. All rectal cancer was glandular carcinoma. The younger the patient the earlier were other organs involved. In examining the patients no anæsthetic was, as a rule, needed. In doubtful cases, however, ether might be given and a more thorough examination be thus made possible. The speculum was of no practical diagnostic value. Cases in which there was a tight stricture with prolapse from above, were not favorable for operation. In such cases the finger might be passed into the cul-de-sac on one side, and lead to the belief that it had passed the growth, which might be thought not to extend all round the bowel. When the growth was fixed, operation was unadvisable.

Favorable cases were those in which the surface of the diseased portion resembled an ulcer, and did not extend entirely around the gut, those in which the upper border of the growth could be defined and healthy mucous membrane felt above it, and, finally, those cases in which the neoplasm was freely movable, both laterally and vertically. Most cases would come with one or another of these categories. Of four hundred cases which the speaker had seen, he had advised against operation in one-half. In thirty-eight he had operated by excision, and in seventy-six by colotomy; the remainder refused to submit to any operation. He had been able to trace the subsequent course of twenty-eight of these operated cases. In fifteen recurrence was known to have taken place; in one year in ten cases, and between one and three years in five cases; one case died without recurrence, and in eleven none had, as yet, occurred, although one of these was operated on twelve years, and several of them three years ago. After operation, stricture was likely to occur during the first and second year, and was often trouble-

some, but, if properly treated, the tendency gradually disappeared. One patient, in which the recto vaginal septum was involved, had since given birth to a healthy child, and had had, as yet, no recurrence. Contraction was apt to occur after the fourth week. A bougie should be passed and kept in for some hours daily after the first fourteen days. This should be continued for two months, and after that, the bougie might be passed at intervals. The mortality rate of the operation was less than 8 per cent., and the result was hopeful in selected cases.

—*Med. Record.*

THE LESSENED VITALITY OF FEMALES AT THE TIME OF PUBERTY AND ADOLESCENCE is a striking fact, according to Sir James Crichton-Browne. Throughout life, in every quinquennium, the mortality of males from small-pox exceeds that of females, and that in a very marked degree, except in one quinquennium, from the tenth to the fourteenth year, when the female exceeds the male mortality, being again but very slightly behind it in the succeeding quinquennium from the fifteenth to the nineteenth year. At all ages the male death-rate from enteric fever exceeds that of females, but the female mortality is very considerably higher from the third to the twentieth year of life. In infancy, and also in old age, the male mortality from diarrhoea and dysentery exceeds the female mortality, but in the child-bearing period, from fifteen to forty-five years of age, the mortality is distinctly higher among females. And even more striking in this connection are the statistics of phthisis than those of zymotic diseases. Phthisis is more fatal to males than females under five years of age; but then a change takes place, and from five to ten it is much more fatal to females than to males; while from ten to fifteen it is more than twice as fatal to females as to males. From fifteen to twenty phthisis is still much more fatal to females than to males; from twenty to twenty-five the mortality from it is exactly equal in the two sexes, and from twenty-five to thirty, and at all subsequent ages, the mortality from it is much greater among males than among females. Dr. Browne is inclined to attribute this to over-pressure in education; but surely there are many other factors more important in lowering the vitality of young women.

—*Med. Record.*

TREATMENT OF SPINAL ABSCESS.—Mr. Watson Cheyne, of London, opened the discussion on this subject. He said that there was no greater proof of the progress in surgery due to Lister than the advances made in the last two years in the treatment of spinal abscess. He would divide the history of treatment into three periods: the pre-antiseptic, the early antiseptic, and the present antiseptic period. The results of treatment in the first period were decomposition after rupture or incision, sepsis and death, or hectic fever and lardaceous disease. Rest was the best treatment at that time, in the hope that absorption might take place. It was difficult to tell how often abscess was absorbed. Lannelongue held that this often happened, as shown by necropsy, but the speaker thought that the cheesy material which was taken to represent old abscess was often only degenerative tubercle. Late in the first period, aspiration or valvular incision gave better results. In the early antiseptic days the pathology of chronic abscess was thought to be the same as that of acute suppuration. Drainage with antiseptic precautions was therefore advocated. In 1888 Mr. Cheyne collected 58 cases thus treated, of which 49 remained aseptic; of these 38 were cured, 6 were still under treatment, and 5 died of tuberculosis.

The objections to this method were the length of time the treatment required, and the fact that the tuberculous material was left behind. Repeated aspiration before incision was then advocated, and the best time to open was also discussed. The general conclusion was that abscess should be opened as soon as possible, and as to situation, it was more important to keep away from sources of infection such as the perineum, than that the opening should be at the most dependent part.

At the present time it is known that the pathology of chronic abscess is not the same as that of acute. These abscesses are really tubercular tumors containing pus, and, therefore, simple drainage is not a radical method of dealing with them. The first attempt to deal with the tuberculous material was by applying an antiseptic to the walls of the abscess by the injection of iodoform in glycerine, or ether. Sinus generally resulted, and some deaths were recorded. In one case under the care of Mr. Stanley Boyd, after injection of two drachms of a ten per cent.

solution of carbolic acid, collapse, vomiting, carbouluria, and death occurred. We now saw that the wall must be dealt with by scraping, and this method the speaker had used for the last four years. An incision should be made large enough to admit the finger, and the Volkemann or Barker spoon should be used; but where the peritoneum or large vessels formed part of the wall, rough sponges should be substituted for the spoon. Irrigation should be continued during the process. One or two ounces of iodoform emulsion might be injected and the wound closed by sutures.

In 24 cases of lumbar and psoas abscess thus treated, 13 healed by first intention, but 2 afterward returned with sinus. In 7 cases a small sinus remained in one part, of which 4 were operated upon a second time successfully. Nineteen cases out of the 24 were either cured at once or after a second operation. Three cases ended in death from pneumonia and other causes, and one child of two years died in collapse. In this case no iodoform was used. In post-mortem nothing was found to account for death, which might perhaps have been due to fat embolism or injury to the sympathetic. The method was not absolutely safe, but the risk was worth running. Excision of the sac of the abscess entire was only possible when the laminæ were affected. When psoas abscess was confined to the abdomen, it might be treated by lumbar incision; when in the groin, by incision near the anterior superior iliac spine. In lumbar abscess the sac should be excised, the canal leading to the bones stretched, and the vertebræ scraped as far as possible. For irrigation he used a 1 in 10,000 solution of corrosive sublimate.—*Medical Record.*

ENLARGED PROSTATE.—Mr. Reginald Harrison read a paper on the "Restoration of the Lost Function of Micturition," and referred to a paper read by him at the meeting of the International Medical Congress at Copenhagen, on the treatment of enlargement of the prostate by stretching, incision, or partial excision, with drainage through the perineum.

The results of thirty-five cases were restoration of micturition in ten, besides the immediate relief of obstruction. By tunneling the prostate in an old man of eighty-five, micturition was restored, the gland shrunk, and the patient remained

well until his death, at the age of ninety. Restoration of micturition after prostaticotomy or prostatectomy, was frequent, even in patients who had been dependent on the catheter for years, and these cases, if left alone, were generally fatal. Operation was, however, not always called for, but only when relief by catheter was inadequate or impossible. In the earlier stages of enlargement, medical treatment was of more avail than was supposed. The long use of ergot, alone or combined with cantharides and nux vomica, often improved or restored the function of the bladder-muscle. The speaker maintained that the functions of the prostate were largely urinary, and not genital only. He related a case in which he divided the bar of prostatic tissue that blocked the passage. The cut ends retracted, showing that fibrous degeneration had taken place. This patient never used the catheter after the operation.—*Med. Record.*

ULCERS OF THE LEG.—Dr. Sidney Gramshaw read a paper on the treatment of chronic ulcers of the leg by a new method. In old varicose ulcers, Martin's rubber bandage was sometimes useful, but often failed, and it had the disadvantage of leaving the skin tender. The speaker's method was to cleanse the ulcer by hot water gruel applied personally for half an hour, and to make the patient repeat this frequently for three days. He then applied a solution of one drachm of nitrate of silver in four ounces of flexible collodion. This must be kept in the dark, and painted over the surface of the ulcer, and for one-third of an inch beyond. A piece of lint cut to the shape of the ulcer, but a little larger, should then be smeared with an ointment consisting of one part of prepared chalk to seven of spermaceti ointment. The gruel should still be applied and the ointment renewed daily. Cure generally resulted in one month. He had only had one failure. In very bad cases it might be necessary to repeat the application of the caustic, or to use a stronger solution to begin with.—*Med. Record.*

SUMMARY OF THE OPIUM DISCUSSION AT THE CALCUTTA MEDICAL SOCIETY.—The following propositions may be regarded as representing the gist of the discussions:

1. That opium eaters constitute from 5 to 10 per cent. of the people of Bengal, and that in certain parts of India, especially Rajputana, Gujerat and Sirhind, etc., the proportion is probably much larger. In some of these parts opium assumes the position in social life and ceremonial so long granted to alcohol in other countries.

2. That the purposes for which the opium habit is contracted are, as a prophylactic against, and in the treatment of malarial fever, to alleviate rheumatic pains, to cure chronic dysentery and diarrhoea, chronic bronchitis, asthma, dyspepsia, and diabetes, and very often as an aphrodisiac.

3. That the use of small daily doses of opium is probably of distinct benefit in almost all the diseases enumerated, but especially in diabetes and as a prophylactic against malaria in damp districts; and also as enabling men to undergo prolonged muscular exertion on a small allowance of food. That it is a prophylactic also against other diseases as cholera, asthma, etc., was not generally admitted.

4. That it is somewhat exceptional to begin the habit before thirty years of age, and that in the large majority it is begun between thirty and forty.

5. That the average daily ration probably does not exceed 7 grains in the mofussil (Vincent Richards); but is probably larger in towns. 45 per cent. of the cases investigated by Dr. Ram Moy Roy consumed less than 12 grains daily, and 95 per cent. less than 24 grains daily. In estimating the effect of these doses, the small quantity of morphine contained in Indian opium must be kept in mind, namely, 1.5 to 7 per cent., against 10 to 21 per cent. in Turkey opium.

6. That the moderate daily consumption of opium is compatible with good health, bodily and mental, and does not obviously tend to the production of any disease, or to shorten life. 72 per cent. of the cases quoted by Dr. Ram Moy Roy were over fifty years of age, and 37 per cent. over sixty.

7. That the most usual ill-effects of the opium habit are hebetude, lassitude, indifference to external impressions, timidity, a tendency to neglect business and to diminution of the birthrate; and when the quantity consumed is large, to emaciation, disorder of the bowels, and early death from some intercurrent disease. These results are, however, apparently

not of frequent occurrence. It is sometimes an indirect incentive to pilfering and petty theft; but even when taken in excessive quantities, it does not lead to perceptible tissue-changes, to grave or violent crime, to insanity or to infringements of public decency or order, or frequently to domestic unhappiness.

8. That the habitual use of even very large quantities (of a drachm and upwards) is often compatible with the enjoyment of excellent health, the keen and successful pursuit of business, and an honored old age. Instances were referred to of men consuming a drachm of opium daily for forty years, meanwhile accumulating large fortunes: of one man who died at the reputed age of one hundred and six in the complete possession of all his faculties and in the management of an important business, who had eaten ninety grains of opium daily for the last sixty-six years of his life; of a Sunyasi (Pindu devotee) sixty years of age who took the incredibly large allowance of 22 tolahs (9 ounces and 225 grains) daily, without obvious ill effect.

9. That the morphine habit is extremely rare in India, and is confined to large towns. Reference was made to a pleader who carried on his business for many years on a daily ration of 90 grains of morphine.

10. That *chundoo* is the preparation used by Chinese in smoking opium; that it is universally smoked by Chinamen in Calcutta, and also by a small and fairly well-to-do section of the native community; that the Chinamen are the healthiest, most industrious, intelligent, and orderly section of the community; and there does not appear to be any reason to think that *chundoo* smoking is more harmful, bodily, mentally, or morally than tobacco smoking.

11. That *madat* is the preparation for smoking used by natives of lower social position. Evidence was adduced to show that *madat* smoking is capable of inducing deteriorated health in a considerable number of those indulging in it.

12. That the misery evinced by the opium eater, when deprived of his daily ration, must be largely discounted; first, because of the theatrical modes of expressing grief and misery habitual with natives on all occasions; and, secondly, because of the ease with which they can be deceived by substituting gentian, etc., for

the habitual opium pill. The pleader referred to above, accustomed to 90 grains of morphine and in apparent danger of imminent death when deprived of it, was completely comforted by a bolus of flour containing 10 grains of morphine on one day, and by a bolus consisting entirely of flour on subsequent days.

13. That the reduction of an opium eater's daily ration is neither difficult nor infrequent. One of the speakers, himself an opium eater, had without difficulty reduced his quantity from 24 to 6 grains daily.

14. That the substitution of one form of intoxicant for another is not infrequent; and that obstacles placed in the way of those accustomed to eat opium would probably lead to an extended use of alcohol and *ganja*.

15. That alcohol and *ganja* are incomparably more deleterious in their effects on the human constitution and on society than opium. Alcohol is a potent cause of tissue-changes affecting the vital organs, and its abuse leads indubitably to early death. Reference was made to several families which had become extinct in Calcutta through alcohol. That it is a direct and frequent cause of crime and violence; that of 100 persons apprehended by the police in Calcutta in a condition of intoxication, over 99 per cent. are drunk with alcohol; that it is a frequent cause of poverty, insanity, and domestic misery, and of bodily and mental weakness in the progeny. That *ganja* is an excitant of the most powerful description, leading to violent crime, to acute mania of homicidal tendency, and is the most frequent cause of chronic insanity.

16. The figures for the lunatic asylums of Lower Bengal for the past ten years, show that of 2,202 admissions, 641 were *ganja* smokers, 117 spirit drinkers, and 8 only were opium eaters. The figures for the other provinces of India show similar results.—*Indian Medical Gazette*.

SOLAR CAUTERY IN LUPUS EXEDENS.—In the *Pacific Medical Journal*, Dr. O. V. Thayer describes a case of lupus exedens, treated by the solar cautery, as follows:

With a powerful lens with a focal diameter of three lines, with a clear sky and unobstructed sunlight (essentials in the success of the use of the solar cautery) I most thoroughly cauterized the diseased surfaces, destroying the morbid tissues.

This was accomplished in the space of two minutes of time.

The cauterization was not very painful, all pain ceasing after the removal of the lens. I cannot recall one single instance where severe pain continued for any length of time from the use of the cautery. Having treated by this method more than one thousand cases, I certainly would remember some of those complaining of severe pain after the operation. I dressed the burned surface with zinc ointment, over which was placed a layer of absorbent cotton wet in 5 per cent. solution of carbolic acid, followed by a thicker layer of dry cotton. The next day there was more or less swelling of the parts, some redness of the adjoining skin, with more or less tenderness.

Thirty-six hours after the operation an improved condition was visible. The same dressing was continued, being changed daily. The improvement went rapidly forward, the discoloration of the lip and nose disappearing from day to day. Two weeks after the operation this lady presented herself at my office with the ulcerated surfaces most thoroughly healed, with a slight but smooth cicatrix. The discoloration of the skin in the immediate neighborhood had disappeared, and the diseased surfaces assumed quite a natural appearance.

ANÆMIA AND MOUNTAIN AIR.—That *mal de montagne* is as distinct an ailment as *mal de mer* may be realized by all who make mountain ascents with great rapidity. *Puna* is its name on the Cordilleras and the high tablelands of Mexico, where, moreover, it has been known to cause death in subjects unseasoned to it by habit. It is due to the lower pressure of the atmosphere incident to lofty altitudes, or rather to the reduced oxygen pressure, whereby the gas is no longer capable of being dissolved in sufficient quantity in the blood of individuals accustomed to live in the plain. In such individuals, however, acclimatization gives immunity from the *mal de montagne*, the circulation gradually increasing the number of the blood globules which, in greater mass, dissolve ever greater quantities of oxygen, and more than make up for the reduced pressure of the gas. It is to M. Paul Bert that we owe the experimental proof of this. Examining the blood of the llama or Peruvian sheep, he found that

for every 100 cc. it absorbed, on an average, 20 cc. of oxygen, while in the herbivora of the plain the respiratory capacity of the blood did not exceed 15 per cent. Viault, with identical results, repeated the experiment on the spot. Müntz had the same experience on the Pic du Midi, where he left rabbits of the plain to live freely, and after a year found their blood much richer in hæmoglobin than that of the rabbits kept for comparison on the lowlands. To the experiments above mentioned, however, it may be objected that the increase in the hæmoglobin might be due to cold, to the open-air life, in short to the special conditions of the atmosphere, which stimulate appetite and assimilation in animals. In answer to such objections Regnard, in his laboratory, subjected a rabbit, enclosed under a bell-glass, to a continuous atmospheric depression, two bell-glasses being so placed together as to admit of the rabbit passing from one to the other when it became necessary to effect certain cleaning and disinfecting operations. After a month of this incarceration, where the atmospheric depression was such as to correspond with that of the Great St. Bernard or of Santa-Fé de Bogota (height about 3,000 meters), the rabbit emerged, not very lively indeed, but to some small degree fatter. On the blood being examined, it was found that it absorbed 21 cc. per cent. of oxygen—that is to say, as much as that absorbed by the blood of the Peruvian sheep; while the blood of rabbits kept under normal conditions in the plain absorbs only 17 cc. It is, therefore, the atmospheric depression which increases the respiratory capacity of the blood in animals. Regnard's confirmation of his predecessors' results serves to explain the efficacy of certain climatic resorts in Switzerland, particularly in anæmic and chlorotic patients, and in sufferers from neurasthenia. It is the atmospheric depression which, in conjunction with good hygienic conditions, acts on those invalids and promotes in their blood the formation of new sanguineous globules fit for the assimilation of oxygen. The more abundant nutrition and the augmentation of the appetite observable in a sojourn in the mountains are not the cause, but a consequence, of the improvement which such sojourn brings. Indeed, even admitting that the hæmatogenous action of elevated sites may owe something to other causes, as

Viault contends, it is difficult to resist the induction of Regnard that climatic establishments are in general to be preferred to mineral water resorts—certainly to those whose reputation is chiefly built on fashion, on entertainments, or on the *ensemble* of adventitious attractions, from which health pure and simple has little or nothing to gain.—*Lancet*.

TREATMENT OF DIPHTHERIA.—Prophylaxis requires that the attending physician should protect himself, and also warn the attendants of the patient of the danger of contact with the false membrane. Those who have nothing to do with the care of the patient should be kept out of the room. In order to abate the fever, quinine stands first in my experience. As a local application, I have used the liquor bromole in 134 cases without a single death. This solution removes the membrane rapidly, stops the fetid odor, and arrests putrefaction. I have seen one application of liquor bromole remove a piece of membrane as large as a silver dollar. A fluidounce of this solution contains :

Water.....	480 grains.
Bromine.....	8.7 "
Phenol.....	3.3 "

This solution has an alkaline reaction to litmus paper, and is rationally indicated as it neutralizes the acid exudation or product of the diphtheritic bacillus. I use the solution as in the above formula with absorbent cotton on a probang, and apply it every two or three hours.

In my experience, liquor bromole has proven to be a great anti-germicide. I have used it in gonorrhœa with great success; it rapidly kills the gonococcus, and cures the disease in three days.

The formula I use is the following :

R.—Liquor bromole.....	ʒii.
Aqua destil.....	q. s. ʒiv.
Sig. Use as an injection.	

As a wash in old syphilitic ulcers, it is a specific. The same may be said of it in sloughing perineal abscesses, and also as a uterine douche in puerperal fever.

—Rademaker, in *Med. Mirror*.

SULFONAL IN THE CRAMPS OF FRACTURED LIMBS, AND REFLEX SPASMS FROM OTHER CAUSES.—It is curious that the numerous writers who have reported upon this new drug have almost uniformly

confined their attention to its sleep producing influence, and overlooked its remarkable antispasmodic power. In fact, Dr. W. F. Shick, writing in 1889 to the *Journal of Nervous Diseases*, went so far as to say that the drug has no influence on motor nerves, nor on the muscles. Four or five writers, however, have caught slight glimpses of its antispasmodic power.

Forster, who is said to have administered not less than eighteen pounds of it, remarked that it is chiefly a motor depressor.

Roubinovitch in one case cut off a paroxysm of spasmodic asthma, by doses of fifteen grains.

A. S. Faulkner, of India, reported one case of chordee arrested by it.

J. M. Coates reported the greatest benefit in epilepsy, and in obstinate hiccough.

J. A. Jeffries reported five cases of chorea rapidly cured by the article.

My first observation was upon a case of painful cramps from a recently fractured femur. Morphine relieved the patient as long as he could keep awake, but as soon as he became drowsy the cramps returned. On changing to sulfonal in fifteen grain doses the spasms were completely arrested both in the waking and the sleeping condition. Repetition of the treatment in other cases of fracture showed always the same result.

A gentleman in a railroad accident received a slight fracture of the spine without any compression of the cord. He was harassed whenever he fell asleep by cramps of the inter-costal muscles adjacent to the injured vertebra. Sulfonal in fifteen grain doses arrested the trouble completely.

I may remark here that the drug is slow in its action, and where the cramps are only nocturnal, it is necessary to give either a large dose two or three hours before the sleeping time, or else to keep up the effect by using moderate doses three times a day.

I found one physician using this medicine to arrest the spasms of ejaculatory muscles which cause nocturnal emissions of semen. He gave six grains three times a day, and claimed excellent results. At his suggestion I tried it with good success, increasing the dose, however, to eight grains.

From analogy I think the remedy will act well in cases of premature ejaculation in copulation, but I have not yet tried it for that purpose.

I have used sulfonal to arrest two cases of obstinate hiccough.

A gentleman was troubled for many years with nocturnal cramps of the legs and thighs, increasing slowly as his years advanced. Fifteen grains of sulfonal, taken before retiring, always prevented the spasms. After two months he found that a single dose would prevent the trouble for nearly a week. In about ten weeks more the course of the trouble seemed to be cured, so that he has now been a long time without requiring or taking any of the remedy.

A vigorous young man, engaged in superintending the construction of a building, fell thirty-two feet, striking obliquely on a slope of timber, causing a severe contusion of the right sciatic nerve, without fracturing any bone. The thigh and leg of the injured side kept up a constant and painful jerking motion, resembling somewhat the movements in chorea. Two doses of sulfonal, of 15 grains each, completely arrested the distressing movements.

It seems that the antispasmodic power of sulfonal is of more value than its sleep-producing influence, and that it will prove of immense value in many cases in which no one has yet thought of giving it a trial.

Dr. Brooks, of Iowa, stated that he had sustained a fall, resulting in a severe synovitis, which caused sudden spasmodic contraction of the leg during sleep. Sulfonal was prescribed, and the spasms relieved from the first.

Dr. Murphy reported the case of a pregnant woman who suffered much at night from cramping in the legs. He prescribed sulfonal, and found that one dose was usually sufficient to give relief. He has used the drug in two other cases with excellent results.

Dr. James A. Work, of Indiana, has a patient to whom he has been giving sulfonal for rheumatism, attended with cramps of the legs at night. The remedy acted admirably, but he had often been asked if there was not danger of a habit being formed. It was a relief to know that as the case progresses less of the drug is administered.

Dr. J. I. Strittmattar, of Philadelphia, stated that he had found the drug useful in the low nervous form of typhoid fever, accompanied with jactitations. He related a case in which there had been no

sleep for six days; 20 grains of sulfonal were given, and the patient slept for twenty four hours, only being aroused to take food. Recovery was thenceforth uninterrupted.—Andrews, J. A. M. A.

ANATOMY OF THE HYMEN.—Dr. Cullingworth read a note on the "Anatomy of the Hymen and on the Posterior Commissure of the Vulva," in which he maintained that the ordinary text-book description of the hymen was erroneous, and that the hymen of the adult virgin normally consisted, not of a fringe of membrane surrounding a circular or oblong aperture with its edges lying apart, but of a long, vertical fold of mucous membrane with its edges (when a patient is lying in a dorsal position) directed forward, and divided, along about three-fourths of the summit of the fold, by a vertical slit. This slit constituted the orifice of the vagina. Normally, no actual opening was seen, either into the vagina or into the urethra. The orifices of both were vertical slits, bordered by lips, the inner surfaces of which were in close apposition, and the edges of which were like those of the labia minora, directed forward. The point had a very important practical bearing, for it was the anterior extremity of this hymeneal fold that, being prolonged forward and partially concealing the aperture of the urethra, constituted that fleshy caruncle which was recommended as a guide to the urethra when passing the catheter. It was obvious that when, from any cause, the vaginal orifice had become dilated, the relations of the hymeneal fold would be permanently disturbed and its anterior apex could no longer be relied upon as a landmark. The only reliable guide to the urethra was obtained by passing the forefinger of the disengaged hand into the vagina, and placing its palmar surface against the anterior wall, where the urethra could be felt as a cord-like prominence imbedded in its tissues. This method not only had the merit of being universally applicable, but had the further advantages of preventing the slipping of the catheter into the vagina, of avoiding the contact of the finger with the sensitive parts in front of the urethra, and of enabling the finger to feel and direct the instrument in its course along the whole length of the urethra. In his twenty years' experience as a gynecologist, Dr.

Cullingworth had never yet seen a case where the hymen was absent, or even where it failed to be easily demonstrable. Occasionally the lips of the hymen were so deeply notched laterally that the edges came together in a cruciform manner. A cribriform hymen he had never seen, and he did not believe that it existed. In the latter part of his paper, Dr. Cullingworth confirmed from clinical observation the statement of Luschka that the structure of the fourchette, or anterior border of the perineum, was continuous with that of the labia minora and not of the labia majora. He also called attention to the fact that the duct of the vulvo-vaginal, or Bartholin's gland, did not, as was often asserted, open into the fossa navicularis, but by the side of the vaginal orifice in the groove between the attached border of the hymen and the labium minus, a little nearer the vestibule than the fourchette.—*Lancet*.

THERAPEUTIC NOTES FROM THE FRENCH.

(E. W. BING, M.D., CHESTER, PA., TRANSLATOR.)

SOME DISORDERS PROVOKED BY ADENOID VEGETATIONS IN YOUNG CHILDREN (*Revue Mensuelle*).—Lubet Barbon passes in review:

1. Troubles of alimentation determined by respiratory difficulty, experienced at the moment of nursing, causing it to relinquish the nipple from time to time, in order to get breath. Sometimes the milk falls into the larynx, causing cough and, sometimes, vomiting, often resulting in inanition.

2. *Respiratory Troubles.*—Open mouth; dilated nares; pale, emaciated and drawn features; painful, harsh respiration; restlessness. During sleep, insufficiency of oxygen may determine poisoning of the medulla and provoke spasm of the glottis. The stertor is much increased during sleep, and abundant sweats occur. Constant coryza; frequent sneezing, with a secretion of muco-pus from the nostrils; in time, the palatine glands may become enlarged.

The forced respiration may at length determine emphysema. Slow, sucking respiration brings about thoracic deformities, sometimes permanent.

The diagnosis is deduced from the ensemble of the symptoms. In syphilitic coryza, the flow is sero-sanguinal and offensive, but the cough is not so marked.

Digital exploration will generally disclose the presence of vegetations.

Treatment.—To act on the nasal catarrh by the introduction into the inferior meatus by applying boric acid ointment (one-fifth) on cotton. If the symptoms do not yield, the vegetations are removed by scissors. The operation can be done at one or more sittings. Seizing of the vomer and secondary hemorrhage are rare complications, as also are consecutive inflammatory symptoms.

—*L'Union Med. du Canada.*

THE INFLUENCE OF COSTUME IN THE PRODUCTION OF FLOATING KIDNEY IN WOMAN (Karangi).—A writer has mentioned the influence which the corset has in the production of this condition. The author believes, however, that the principal factors in the etiology are the weight of the clothes and the height of the heels of the shoes. In man in the upright position the center of gravity is in the second lumbar vertebra. The vertical line passes behind a line drawn from the center of the pelvic articulations, transversely.

According to experiment, if under a person 150 c.m. in height a heel of 5 c.m. is placed, the inclination will be 15 degrees forward. To maintain equilibrium the head and chest are carried backward, and the pelvis, with the lumbar vertebrae, are inclined forward. As a result of a number of experiments made on the living, it is shown that the part of the vertebral column, between the ninth dorsal and the second lumbar vertebra, is almost immobile, and that from the wearing of high heels the lumbar curve is increased at the expense of the section of the column between the second lumbar vertebra and the sacrum.

This is the situation of the kidneys, the inferior portions of those organs, especially of the right, are carried forward in correspondence with the increased curvature. It has been demonstrated on the cadaver that this curving produces convergence of the organs below, instead of above.

By experiments on the cadaver the above consequence has been shown, and the author concludes that high heels, together with the weight of the clothing, are the factors in the production of the condition.—*Gaz. de Gynecologie.*

"IN RE BROWN-SÉQUARD."—Pochl has communicated to the Academy of Sciences the researches which he has undertaken on the chemical composition of the testicular liquid. He has recognized besides the albumenoids of lecithine, nuclein, and numerous leucomaines, a quite appreciable proportion of spermine.

This last base he found not only in the testicles and prostate, but in the ovaries; the pancreas, in which it is abundant; in the thyroid gland; the thymus; the spleen, and in normal blood. He thinks that he has found the explanation of the phenomena observed with the testicular liquor, as well as with spermine extracted from the testicle and employed in the form of pure hydrochlorate. This base is not an ordinary agent, but it determines acceleration of oxidation mineral as well as physiological. Thus blood very much diluted, and commencing to putrify, oxidizes very rapidly guaiac paper, if a small quantity of chlorohydrate of spermine has been added to it. By adding a little of this substance to blood which has been submitted to the action of such agents as chloroform, carbonic oxide, etc., which diminish the oxidizing power of the blood, the property of carrying oxygen to the tissues is restored. This action is independent of the amount used, and the blood shows no change spectroscopically. This property of causing by its presence an increase of oxidation explains the phenomena which spermine produces in man and animals. It makes clear the happy effects produced by the substance in individuals, under the influence of chloroform. Its favorable action in diabetes finds its explanation in the diminution of spermine produced by the pancreas of these patients.

The action of spermine as a tonic and nerve is easily explained, according to Pochl's theory, since this base acts as stated above. Further, the more rapid oxidation of the leucomaines, the more complete disappearance of extractives, and the sensation of general *bien-être*, which the subjects experience are phenomena stated by all observers.

—*Annales de Médecine.*

ASPHYXIA BY SUBMERSION (Brouardel).—Referring to a recent paper, by Laborde, on the subject of asphyxia by submersion (see *TIMES AND REGISTER*, July 30) Brouardel notices the different modes of death in this connection.

In one case, an individual falls into the water, and may die at once from inhibition of the trigeminal and superior laryngeal nerves, produced by the shock of the cold water. If death should not occur at once and he is quickly rescued, he generally revives under ordinary treatment. In a second case, the individual falls into the water and remains at the bottom. During the first minute no fluid penetrates the lungs, on account of spasm of the respiratory passages; then at the end of this period the spasmodic condition relaxes and the water enters the lungs. Thus, in drowning a dog weighing five killos, it has been proved that in one minute 400 grains of water have penetrated into the respiratory passages. Under these conditions, if quickly taken from the water, life may be saved. Generally, people who drown, sink, then come to the surface, sink again, and finish by staying at the bottom of the water. In this case there are produced contractions of the diaphragm which causes the contents of the stomach to regurgitate into the pharynx and thence into the air-passages; in a few minutes the quantity of water which passes into the trachea and bronchi, and which is absorbed, corresponds to a quarter or a third of the total quantity of the blood.

Persons in this category have not only the bronchi and pulmonary alveoli filled with water and mucus, but also a degeneration of the epithelium of the alveoli, which in a few minutes makes a return to life out of the question.

Those in whom the bronchi are intact may be rapidly restored. On the contrary, it is difficult and often impossible to reanimate the others.—*Med. Moderne.*

THE THERAPEUTIC USE OF SYRUP OF CHLORIDE OF IRON (Ved.).—Owing to its destructive action on the enamel of the teeth and liability to disturbance of the stomach, the tincture of iron is objectionable. It may be advantageously replaced by the syrup. In this preparation the excess of acid is neutralized by an alkali, and while still presenting an acid reaction, it does not attack the teeth nor discolor the tongue. When it reaches the stomach, it meets the free HCl and becomes therapeutically identical with the tincture. The syrup is more assimilable, and neither gives rise to nausea nor digestive trouble. Dose, 3ss, three times a day.

—*Le Medicine Moderne.*

TECHNIQUE FOR THE RAPID STAINING OF B. TUBERCULOSIS IN SPECIMENS PRESERVED IN MULLER'S FLUID (Letulle).—The frequently insurmountable difficulties experienced in coloring Koch's bacillus in specimens, out of Muller's fluid, is well known.

Inversely the rapid hardening of the tissues by absolute alcohol, while it permits easy staining, offers the serious inconvenience of profoundly changing the form and connection of the cellular elements of the tissue.

The proceeding is that of Russel for the staining of hyaline structure. The sections are—

1. Treated by hematoxylin which stains the nuclei, then washed with water; then
2. Placed for a quarter of an hour in carbolized rubine, the formula for which is as follows: Carbolized water, 2 per cent.; rubine, sufficient to saturate.
3. Washing for one minute in water.
4. One-half minute in absolute alcohol.
5. Five minutes in carbolic solution of iodine gum (carbolized water, 2 per cent., 100 grms.; iodine gum—vert d'iode—1 grm.).
6. Washing in absolute alcohol until bleached sufficiently.
7. Placed in oil bergamot, followed by
8. Xylol;
9. Mounting in "xylol" balsam.

This technique is always successful, and only needs slight watching at the moment (6) of bleaching in alcohol, and does not require more than half an hour for the whole process.

It shows remarkable differentiation, for the nuclei are stained violet; the hyaline structure, cherry red; the bacilli, carmine; showing very naturally on the grayish-tinted ground.

It allows, in short, a study of the bacilli in their exact connection with the tissues.

—*La Medicine Moderne.*

TRANSMISSIBILITY OF TUBERCULOSIS BY BED BUGS.—Dr. Dewees reports a case of tuberculosis occurring in a boy who occupied the bed of a brother who had previously died of phthisis. The room had been carefully disinfected. The failure of the disinfectant to protect was explained when it was found that the bed had been overlooked and that it was swarming with bugs, who had left the marks of innumerable bites on the boy's body. The question was, whether these

insects could play a part in the contagion, and having collected thirty of them, he made cultures and inoculated three guinea pigs, who soon died tubercular. Direct examination showed that 60 per cent. of the insects were tubercular. Finally, in another series of experiments, the bugs placed in contact with tubercular expectoration gave, some weeks later, very active cultures. It appears probable that infected bugs may convey contagion through their bites, and may transmit the infection among themselves, from generation to generation.

—*Revue Medicale.*

THE "TUBERCULOSIS" CONGRESS IN 1893.—The following are the questions to be put before the Congress, which meets in July, of next year:

1. The respective rôle of contagion and heredity in the propagation of tuberculosis.

2. Infectious diseases as predisposing causes of tuberculosis. Of the part taken by some among them in the localization of tuberculosis, *e. g.*, Gonorrhœa, in tubercular testicle; Grippe, in the causation or aggravation of pulmonary tuberculosis, etc.

3. The intermission of tuberculosis, their duration, means of recognition and anticipating their cessation; the causes of recurrence.

4. The several means of diagnosis of bovine tuberculosis. To discover if the inoculation of tuberculin is a sure and certain means of establishing the diagnosis of tuberculosis in cattle.

5. Of the dangers which may arise from the practice of burial of tubercular corpses; of the opportunity for introducing cremation; of the necessity of destroying the bacilli in the bodies.

6. Of the new methods of treatment based on etiological grounds.

7. The necessity for general inspection of meat.

A prize of 3,000 francs is offered for the best work on the means of diagnosis of latent tubercle, before its appearance or after its cure.—*La Revue Medicale.*

TREATMENT OF BURNS IN CHILDREN (Wertheimer).—The treatment should have for its object, first, to ease the pain, then to moderate the excessive excitement of the nervous system and the paralyzing effect which may result to the circulatory system.

The remedy which appears to answer the first indication best is iodoformized vaseline, only in case of large burns there is danger of intoxication if the remedy has to be applied for some time. The author abstains from the use of iodoform in children, and uses the pomade of Stahl, or an ointment composed of bismuth and boric acid. Sometimes the Stahl's ointment seems devoid of antiseptic effect. To remedy this, he adds a proportion of thymol. The dressing (Stahl's) is nothing more than the ordinary lime water and linseed oil, with 5 cgms. to 10 cgms. of thymol for each 50 gms. of the mixture.

The burns are washed with warm boric water. Then there are applied several thicknesses of gauze saturated with the liquid. These are renewed every day.

This dressing is inconvenient on account of its weight, and the following is preferable:

R.—Subnit. bismuth..... gms. ix.
Boric acid..... gms. ivss.
Lanoline..... gms. lxx.
Olive oil..... gms. xx.

Used as described above.

For the nervous agitation he uses small doses of morphine and chloral. These should be suspended immediately and injections of camphor given, and tea with brandy, wine, or champagne administered.

—*Rev. Gen. de Med.*

BROMIDE OF ETHYL AS AN ANÆSTHETIC (Lubet Barbon).—The need of an anæsthetic of easy management is evident. Cocaine, while very useful, has the fault of leaving the patient conscious, however thorough the application may be; and in children it is seldom easy to persuade them that a bloody operation is not necessarily a painful one.

Many adults also, in this respect, are still children.

Again, as cocaine only acts superficially, and not on all the tissues, it is difficult to remove adenoid vegetations without pain, and also other small operations. It is therefore necessary to use general anæsthesia for painful operations, and chloroform or ether require considerable time for their action and for recovery from it, besides some dangers. A substitute for them is a desideratum.

Bromide of ethyl acts quickly and its effects are rapidly dissipated moreover. It never determines syncope. Certain rules must be followed for the desired re-

sult. In the administration one must remember that bromide of ethyl is not chloroform, that it does not act in the same way, and while great care is required with the latter, with the former it is necessary to *act quickly and to introduce the agent in large doses*. A flannel cone-shaped mask is fitted as hermetically as possible to the face, so as to take in the mouth and nose. The liquid is applied liberally to wet the whole surface of the inhaler, and is not to be applied by drops.

The patient is suffocated by the first inhalations, and tries to avoid the mask, which should be firmly held in place, knowing that the struggle will be of short duration, and the shorter as the application is more perfect. Under these conditions, five to six good inhalations generally produce anaesthesia. Sometimes it is produced before consciousness is lost, the reverse of chloroform, and one may operate on a patient insensible to pain, and who cannot defend himself, but can obey commands. This is not, however, the rule. The patient is ready when the eyes wander, the body is slightly relaxed, and the head can be easily moved about. (Larremonne.)

It would be wrong to wait for complete relaxation, as bromide of ethyl in large doses brings about rather rigidity than relaxation.

The duration of the analgesic period is short, and if it is desired to extend it, the application must be renewed as at first, as soon as the patient shows signs of sensibility. The operation concluded, waking occurs at once. There is a little drowsiness; the patient gets up from the chair, takes a few tottering steps, and quickly gains his equilibrium. Occasionally a slight excitement, resembling that produced by alcohol, may last for a few moments, but is soon dissipated.

A great advantage consists in the fact that the patient may be in the sitting position, since there is no fear of syncope.

The author has used it for three years on over six hundred cases, and has never had the slightest occasion for alarm.

—*Rev. de Laryngologie.*

ON THE NARCOSIS PRODUCED BY THE BROMIDE OF ETHYL (Gille).—The author who has employed this agent in a large number of cases, principally for the extraction of teeth, concludes as follows :

As an anæsthetic bromide of ethyl presents the following advantages :

1. Extreme simplicity of application.
2. Innocuity when employed *in small quantity only*.

3. Rapid appearance and disappearance of the anæsthetic sleep.

4. The slight inconvenience experienced by the patient.

5. The rarity of vomiting.

6. The non-necessity for an assistant.

The disadvantages are :

1. The impossibility of using it except for short operations.

2. The occasional appearance of extreme excitement during its administration.

3. The alliaceous odor exhaled by the breath for two or three days succeeding its use.—*Rev. de Laryngologie.*

[Differences between the statements of Gille and Lubet Barbon will be noticed, which L. Barbon accounts for by difference in administration.—B.]

GERMAN NOTES.

(Translated by HERMAN D. MARCUS, M.D.)

THERAPIE OF TRIONAL AND TETRONAL.

—Both remedies were employed for some months in the treatment of nervous and mental diseases and their action carefully observed.

The résumé of these observations are hereby appended.

1. Trional and tetronal are two remedies of positive hypnotic and sedative action. Tetronal is somewhat more of a sedative than the other. The hypnotic effects are noticeable ten to twenty minutes after administration.

2. Trional is a certain and prompt hypnotic in insomnia of the different forms of neurasthenia, functional psychosis and organic brain lesions. It is useless in such cases which had been addicted to morphine or cocaine, or in which physical pains were patent.

3. Tetronal is indicated as hypnotic in psychosis in which motoric agitations are a hinderance to sleep.

4. Both remedies are not recommended as hypnotics in such cases of mental excitement which are accompanied by excessive restlessness.

5. The dose is from 15 to 30 grains. Single doses of 45 to 60 grains, and daily doses of 90 to 120 grains may be given without fear.

6. It is best given in milk or wine, and just before retiring.

7. No bad symptoms are noticed following its use, except some very slight gastro-intestinal disturbances; and

8. A prolonged use of these drugs has shown no ill effects whatsoever, nor was any habit noticeable.

—Dr. A. Schaefer, in *Berl. Klin. Wochenschrift*.

CHLOROFORM IN TYPHOID FEVER.—The researches of Behring regarding disinfectant influence of chloroform on the typhoid fever bacillus, induced Dr. Werner to employ this drug in the treatment of enteric fever—treating about 126 cases with chloroform.

He used, generally, a 1 per cent. solution (aqueous) of chloroform, giving 1 or 2 teaspoonfuls of the solution every hour or two. As soon as the symptoms improved he increased the time between the doses, giving 3i to 3ii every two or three hours, and so on until finally only a few drachms were given daily.

The progress of a case under such treatment was as follows: None of the patients died. The tongue became cracked and dry in very severe cases, but the oral cavity did not show the black, foul-smelling coating peculiar to the disease. Severe diarrhoeas were gradually improved; tympanitis disappeared quickly wherever such was present or did not develop at all. No patient who came under observation fully conscious, developed nervous disturbances, and whenever such were present, two or three days were found sufficient to dispel the dangerous symptom.

No patient treated with chloroform had a relapse or other accident during convalescence.

—*St. Petersburg Med. Wochenschrift*.

HEMORRHOIDS:

R.—Chrysarubin..... gr. xijss.
Vodoformi..... gr. ivss.
Extr. belladonna..... gr. ix.
Ung. rosæ..... 3iv.
Mft. ungt. St. sedative and antiseptic ointment.

—*L' Union Médicale*.

IODOFORMUM DEODORATUM.—Carbolic acid and oil of peppermint are said to deodorize iodoform. Following is the formula.

R.—Iodoformi..... 3vi.
Ac. carbol..... 3ijss.
Ol. menth. pip..... 33v.

—*Pharmaz. Zeitung*.

DIURETIN.—Diuretin should be administered in solution, either simply in water (5:100), or with addition of such drugs as ol. menth. pip., ag. menth. pip., or fœniculum, besides some simple syrup. Acids or acid vegetable juices should not be combined with diuretin, because a reaction is taking place which will deposit theobromine as a thick white sediment.

It is preferable not to give this drug as a powder, because by the addition of carbonic acid taken from the air a great part of theobromine becomes insoluble. The daily dose of diuretin is about 3jss–3ij. One dose about gr. xv.

—*Pharmaz. Centralheft*.

GUAJAKOL IN PHTHISIS.—M. P. Oliva recommends the following recipe in phthisis:

R.—Guajakol..... 3ss.
Alcohol..... 33v.
Ext. gentian..... 33iiss.
Ext. caffèi concentr..... 3v.
Aque dest..... 33ivss.

Mst.—Two to four tablespoonfuls daily.

—*La Crónica Médica de Valencia*.

CHOLERA INFANTUM.—Dr. Sonnenberger (Worms) has had good results in the treatment of infantile cholera with resorcin, using during the first few months grs. 1½–grs. 1¾, in older children grs. 2¼–3, with or without opium. If opium is added, which may be done without danger, if no collapse is present, then ½ to 1 drop per die of the simple tincture of opium (laudanum) may be added for children up to one year; up to two years, 1 to 3 drops may be given:

R.—Resorcini..... grs. 1½–grs. 3¼
Inf. chamom..... 3ij–3ij.
Tr. opii..... gtt. j–gtt. ij.
Syr. cont. aur..... 3v.

Mst.—One teaspoonful every hour or two.

—*Aug. Med. Central Zeitung*.

DIARRHŒA IN CHILDREN.—Simpson recommends the following mixture:

R.—Acidi boracici..... 3j.
Glycerini puri..... 33iv.
Tr. cont. aurant..... 3ij.
Aque dest..... 3xv.

Mst.—One teaspoonful every three hours.

—*Deutsche Med. Wochensch.*

DIARRHŒA, NERVOUS.—Prof. Nothnagel recommends the following in nervous diarrhœa:

Bromide of soda..... grs. xv–grs. xxij.
Twice daily (after meals). Also Fowler's solution.

Besides these, a Prissnitz¹ compress nightly around the abdomen, and lessening the irritability of temper.

—*Allgemeine Wiener Med. Zeitung.*

A CASE OF CYANIDE OF POTASSIUM POISONING.—Dr. R. Wichman reports a case of cyanide of potash poisoning.

R. G., a drug clerk, had taken some cyanide. Dr. W., who was called in, gave him, after washing out his stomach, a hypodermic injection of gr. $\frac{1}{8}$ of atropine. Five minutes later the breathing became quieter and more regular; the pulse stronger. Soon the corneal reflex became normal. Another hypodermic injection of atropine (gr. $\frac{1}{8}$) was given one-half hour later; five minutes later again marked improvement. The patient became so much better that Wichman thought he could save his life, but the next morning the patient died rather suddenly, sixteen hours after the poisoning.

Death caused by hydrocyanic acid is due to cessation of respiration due to paralysis of the respiratory center in the medulla oblongata, combined with paralysis of the vaso-motor centers. Atropine is a stimulant to the respiratory center. Wichman recommends the atropine in more frequent, but smaller doses in such cases.

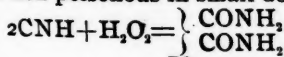
This is about the mode of procedure in above case: Washing out the stomach, injection of atropine (gr. $\frac{1}{8}$), cold douches over the head and nape of neck and massage, artificial respiration.

—*D. Aerzte, Praktiker.*

POISONING WITH HYDROCYANIC ACID.

—Kobert recommends injections of hydrogen peroxide every minute at different places of the body, also washing out the stomach with hydrogen peroxide until the breath does not smell like hydrocyanic acid, and the patient seems improved. Artificial respiration will prolong the patient's life until the arrival of a physician.

The action of peroxide of hydrogen in hydrocyanic acid poisoning is due to the chemical change taking place, changing the hydrocyanic acid into oxamide, which is non-poisonous in small doses.



—*Pharmaz. Centralblatt.*

¹ Pressnitz compress is a compress consisting of a cloth wrung out in water (generally cold, but at times warm) applied to the parts and covered by dry flannel.—*Marcus.*

News and Miscellany.

DR. HALE, in *Med. Standard*, claims to have had good results in erysipelas of the face by administering hypodermically pilocarpine nitrate in doses sufficiently large to produce constant appreciable diaphoresis, at the same time directing the necessary feeding and stimulation.—*Ex.*

It will certainly be news to the readers of THE TIMES AND REGISTER that pilocarpine is useful in erysipelas!

ALEXANDER HARKEN has reprinted from the *Dublin Journal* a paper in which he maintains the pathogenic unity of epistaxis and the hemorrhoidal flux, and from this deduces an argument for his method of treating both by blisters over the liver. He mentions a case in which epistaxis was due to self-abuse, and the dilated venules on the cheeks and in the mouth, signs of obstructed portal circulation, he terms facial hemorrhoids. In anemic cases he recommends chlorate of potassium and iron; the former for its hemostatic power, due to its action on the blood and its capacity of controlling and limiting the congestions of the liver. He describes in detail a number of cases in which blisters over the liver, with the constitutional treatment required by each case, produced a speedy amelioration.

THE Section for Clinical Medicine, Massachusetts Medical Society, held a memorial meeting, March 10th, whose proceedings appear in the *Boston Journal* of August 25. Addresses were made concerning Dr. Henry J. Bowditch, by Drs. Knight, Wyman, Holmes, Dwight, Walcott, Bradford, Folsom, Blake, Marcy and Cushing. In the course of his remarks Dr. Holmes related the following incident:

"He was in the class before mine in the college, and I hardly knew him at all until I met him in Paris, where he was following the teachings of Louis, the favorite instructor of American students, especially of those from Boston and Philadelphia. Louis had no more devoted and ardent disciple than Dr. Bowditch. I remember, when I first met him in Paris, asking him if he was not a firm believer in Louis's theory. 'Louis's theory is not a theory,' said Dr. Bowditch. 'I maintained that it was a theory like any other teacher's doctrines. He was right and I was wrong. It was as much a theory as a merchant's balance sheet, and no more than that. I came to a better understanding of him after that conversation with his American pupil.'"

INFLUENZA AND BACTERIA.—We have the following facts which strongly suggest that influenza is an infectious disease:

1. Its appearance in epidemics; the manner in which it spreads from individual to individual.

2. The symptoms suggestive of some toxic influence.

3. Reduction of the general system and thereby induced susceptibility to disease.

4. A germ has been discovered which may be the cause of the disease.

—Jackson, *Boston M. and S. Journal*.

HEALTH IN TENNESSEE.—The principal diseases, named in the order of their greater prevalence, in the State for the month of July were: Typhoid fever, malarial fever, dysentery, diarrhoea, whooping-cough, consumption, cholera infantum, pneumonia, scarlet fever, and tonsillitis. Typhoid fever was reported in the counties of Anderson, Blount, Bradley, Davidson, Decatur, Fentress, Giles, Grundy, Hamilton, Houston, Humphreys, Knox, Lauderdale, McMinn, Montgomery, Moore, Robertson, Rutherford, Shelby, Sullivan, Weakley, and Williamson; whooping-cough in Davidson, Giles, Humphreys, Maury, McNairy, Stewart, and Williamson; consumption in Davidson, Hamilton, Knox, Maury, Montgomery, Rutherford, and Shelby; scarlet fever in Bradley, Dyer, Madison, and Shelby; mumps in Anderson and McNairy; cerebro spinal meningitis in Rutherford.—*State Bulletin*.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.—A very full program is announced for the coming meeting of the American Electro Therapeutic Association, which is to be held in New York, at the Academy of Medicine, 17 West Forty-third street, October 4, 5 and 6.

There will be two interesting discussions; one upon "The Relative Fœticial Value of the Different Currents and Their Application to Ectopic Gestation," to be discussed by many prominent gynecologists and electricians, and another upon "Cataphoresis and its Practical Application as a Therapeutic Measure."

Papers are announced by Drs. Geo. J. Engleman, Wellington Adams, and Geo. F. Hulbert, of St. Louis; Wm. F. Hutchinson, of Providence, R. I.; Franklin H. Martin, of Chicago, Ill.; A. Laphorn Smith, of Montreal, Canada; R. J. Nunn, of Savannah, Ga.; Thomas W. Poole, of Lindsay, Ontario; C. Eugene Riggs, of

St. Paul; W. J. Herdman, of Ann Arbor, Mich.; D. S. Campbell, of Detroit, Mich.; G. Betton Massey, of Philadelphia; Henry D. Fry, of Washington, D. C.; H. E. Hayd, of Buffalo, N. Y.; J. H. Kellogg, of Battle Creek, Mich.; C. G. Cannaday, of Roanoke, Va.; Ernest Wende, of Buffalo, N. Y.; and Wm. J. Morton, Augustin H. Goelet, A. D. Rockwell, Landon Carter Gray, Robert Newman, Ephraim Cutter, Frederick Peterson, G. M. Hammond, F. Van Raitz, of New York, and many others. Dr. J. Mount Bleyer will give an instructive lecture, with demonstrations, entitled, "The Phonograph and Microphonograph, the Principles Underlying Them and Their Uses in the Sciences."

In connection with the meeting there will be an exhibition of modern medical electrical apparatus, all the prominent manufacturers being represented.

The social part of the program includes many pleasant surprises.

CHICAGO DRAINAGE.—The cost of this important work, almost National in its scope and usefulness, has been tested at last prospectively by the bids received for doing the main part of the work. Main channel, \$10,653,700. Sanitary commissions' direct expenditure in connection with this and for co-operative works, \$6,800,000; total, \$17,453,700. To this will be added salaries' expenses and interest of money during some years of construction. If the works are fully needed, and the routes, methods, and other particulars are judicious, and the money is spent honestly, as no doubt it will be, the advantages to the people of Chicago will be so great as to be beyond full estimation. The value of real estate will be largely and permanently increased, and the growing æsthetic tastes of the people will be greatly stimulated under the perfect guarantee of perpetual effective city sanitation unequaled on the globe.

—*Bankers' Monthly*.

ADULTERATION LAWS.—At the Indiana and again at the Illinois Associations, where the Paddock adulteration bill was up for discussion, the point was made that it would be a very dangerous measure in case the next Pharmacopœia should introduce standardized preparations of drugs. That, for example, under its provisions a specimen of fluid extract of cinchona might be obtained from a pharmacist, after hav-

ing been kept for some time on his shelves, when, no matter how carefully made, it might have precipitated and its alkaloidal strength upon analysis be found so much diminished as to render the pharmacist liable under the law. This argument appears very "fetching," and pharmacists generally were timid to favor any measure which might be used to work great hardship and injustice.

There are adulteration clauses in no less than twenty-nine pharmacy laws, under the provisions of which pharmacists are under exactly the condition complained of in the Paddock bill. These adulteration clauses have substantially the same provisions, that an article shall be deemed adulterated, in case it is official, if not in accord with the official requirements of the U. S. Pharmacopœia. Fluid extract of cinchona must show the presence of the variable limits of alkaloids as prescribed for the bark, just as much as that tincture of opium should contain morphine within the limits of not less than 10 per cent. Thus one by one the objections to the Paddock bill are shown to be only such as are offered either because of a lack of intelligence as to the status of legislation on this important question, or, what is more likely, simply for the purpose of defeating a measure which has for its object the improvement of medical preparations, by any method that appeals to prejudice or ignorance.

The letter used by the patent medicine men disclosed the origin and reason for these attacks in requesting every patent medicine man to work against the bill, as "it is only a stepping stone to legislation requiring that all patent medicines shall have the formulas published to the public."—*West. Drug.*

It would be a matter of surprise to us, were reputable druggists to object to the Paddock bill on the above grounds. We are under the impression that such men do not allow on their shelves fluid preparations that have become inert through time; and that they welcome a law that will compel every pharmacist to keep his drugs up to the standard strength, as every reliable pharmacist does without any law to compel him. If we are wrong, then it is assuredly to the interest of every citizen, whose health or life may depend on the quality of the drugs dispensed to him, to favor the Paddock bill, and every other measure that throws the safeguard of the

law around articles of such vital importance.

WEEKLY Report of Interments in Philadelphia, from August 20 to August 27, 1892 :

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess.....	4	1	Fever, scarlet.....		4
Alcoholism.....	3	2	" typhoid.....	9	3
Apoplexy.....	10	2	Hemorrhage.....	2	1
Asthma.....	2	2	Hernia.....	3	
Bright's disease.....	7		Inanition.....		21
Burns and scalds.....	2	4	Inflam'n brain.....	2	13
Cancer.....	10		" bronchi.....	2	5
Caries, spinal.....		1	" kidneys.....	7	
Casualties.....	11	2	" lungs.....	9	6
Cerebro-spinal meningitis.....		1	" pericard'm.....	2	
Congestion of the brain.....		1	" peritone'm.....	2	3
Colic.....	1	5	" s. & bowels.....	6	7
Cholera infantum.....	69		" heart.....	2	
" morbus.....	3	2	Marasmus.....		37
Cirrhosis of the liver.....	2		Measles.....		3
Consumption of the lungs.....	35	8	Obstruction of the bowels.....	2	
Consumption of the bowels.....	2		Old age.....	16	
Convulsions.....	18		Paralysis.....	4	1
Cyanosis.....	4		Poisoning.....	1	
Debility.....	4		Septicæmia.....		1
Diabetes.....	2		Softening of the brain.....	2	
Diarrhœa.....	3	3	Strangulation.....		1
Diphtheria.....	13		Stricture of œsophagus.....		
Disease of the heart.....	14		Suicide.....	1	
" " spine.....	1		Sunstroke.....	3	
" " liver.....	1		Teething.....		2
Drowned.....	3	2	Tetanus.....	1	1
Dropsy.....	1		Ulceration of the stomach.....		
Dysentery.....	7	4	Uremia.....	1	
Effusion of the brain.....	7		Whooping-cough.....	3	6
Fever, malarial.....	1		Total.....	209	263
" puerperal.....	2				
" remittent.....	2				

A NEW YORK contemporary appears to have gotten into a sea of troubles. Leaving the straight and narrow path of medicine, it turned aside to give the city Health Board a whack; editorially charging the Board with collective and individual inefficiency, political management, etc. The *Evening Post*, presumably as well informed as newspapers generally, terms the editorial "an incredible piece of blundering." The President of the Board showed in a letter that the *Journal* was compelled to print, that the "information on which the article had been based was, in some important respects, erroneous," and the *Journal* published what the *Post* terms "an apology of the most humiliating sort," and declares that this was "extorted." We have not read the retraction in question, but as the *Mail and Express* is "astonished and mortified" to read it, we may infer that it was as abject as the circumstances appear to have demanded. In view of the vigor-

ous and successful grapple made by this Board with the typhus outbreak, one would think a really wide-awake editor would be slow to believe, much more to publish, any reflections upon its efficiency.

FRENCH science has to deal with a peculiar problem, how to prevent the depopulation of the country, which is now going on so rapidly that the deaths exceed the births by nearly forty thousand in a single year. Increasing the birth rate having proved impracticable, the present hope is to diminish the death rate. At a recent meeting of the new Society for the Protection of Children, Dr. Rochard referred to the fact that only eight years ago he was laughed at for predicting that the population would become stationary before the end of the century, and stated that two hundred and fifty thousand infants die yearly, of whom at least one hundred thousand could be saved by intelligent care. Stringent laws have been already passed to aid in preventing this great waste of life. It is now illegal for any person to give children under one year of age any solid food except on medical advice, and nurses are forbidden to use nursing bottles having rubber tubes. Efforts are being made also to induce Parisian mothers to nurse their own infants.—*Medit. Naturalist.*

Special Article.

TREATMENT OF ELECTRICAL INJURY FROM COMMERCIAL CURRENTS.

By W. R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

THE editor of the valued TIMES AND REGISTER has always been kind enough to put in anything written by the author no matter how closely together the articles came; hence, although I have had a letter in the last issue, I venture to say a little concerning injury from strong dynamo currents, my ideas being aroused into expression in type through the letter from Doctor McCann, of St. Paul, Minnesota, whose remarks precede mine on "Dry Cell Chloride of Silver Batteries," in the number of August 13.

Although I have been connected with companies and institutions using power-

ful currents for lighting and motor-power for several years past, and have had quite a good deal to do with the running of high energy currents, I have had but few accidents to happen to my associates, and but two to myself, each of the latter being not quite enough to kill me (hence this effusion), but all that I wanted in the way of experiment, experience, or illustration. The first which I looked into was through the mediumship of a powerful Leyden battery, which was discharged through me by the hands and arms because some one who had no business to charge it did so in my absence. Now, I try the apparatus always before touching it with a discharger, so there isn't any probability of my comparing another dose with the first. It is difficult to describe how I felt; I got a big voltage, with small quantity, and I was, for some instant (I don't know how long), in all parts of the world which I had ever visited, all at the same time; in short, I was omnipresent to these localities. There was none, or little pain; there was a sense of amazement more than anything else in the way of thought or feeling. The effect passed away in an hour or so, and no results have been felt that I know of in doing me any harm constitutionally. I did nothing for it in the shape of treatment.

The second dose was more expressive in every manner; I got a current from a wire feeding about five hundred incandescent lamps actuated by an arc dynamo, the value being about four amperes under seven hundred volts, the duration less than a second, so far as we could discover. Whilst coupling the leads to the split circuits in a dramatic production, which were required in a dark change of scene (the "Little Tycoon"), some one who had no business to touch the mechanism moved the main-switches to see the flash of contact at the points, and, fortunately for myself, he turned them back at once. I got the whole business anyhow for a perceptible time, and here there was very severe pain, both at the moment and for a long time thereafter. I didn't do any traveling this time; I lay right down, and was there without any foreign accompaniments; all the scenery I saw was lightning and General Knickerbocker's saloon, from the back view; I also saw some constellations, and with the funny ideas which dominate

dreams and make them infinitely ridiculous (I am fond of fun, especially at the theatre when we swap stories). I recollected the yarn about the man who was asked if he knew anything about astronomy, and who replied that "when I was a son of Mars I made some observations concerning Venus, and the result was that I had to take a course in Mercury for something like a year; that's all I know about planetary influences, and that's all I want to know by Jupiter, and don't you forget it!" It was curious that I felt the nearness of death and the sense of the ridiculous at the same instant. The experience assures me that my views in the direction of last illness convictions are correct, as concerning myself at any rate. I am not exactly orthodox in my conception of so-called religious matters, and people have often told me that I would change this at the time of transfer to the hereafter; no reply of mine being of weight in assuring them of the contrary. I have told these fervent folks that I have been in the face of apparently certain death more than once during the war, and did not then feel the terrors which they use as arguments in the efforts toward coercing big folks precisely as the nurse does with the little people at bedtime, when the "Bogie Man" is evoked. Anyhow, that's the way I was handled at the time referred to. The pain, as I have said, held on to me a long time, and was indescribable in its nature; it could not be accurately located; it felt as if it was right here, but on pressure or other test it was elsewhere. It was not continuous either, but was hard to get rid of. Anodynes did little; time did the work.

In the accidents from electric force, which I have treated the symptoms, aside from burning of the tissues, were those of pain and depression; the burns were treated as any other kind would be. Burns, it is known, from either galvanic action or dynamo currents, are very difficult to heal; I have had to use skin-grafting once in default of all else. The pain gave way to hypodermics of morphine and atropine, and the sinking feeling to ether and camphor, *i.e.*, Hoffman's anodyne with aqua camphora. I have noted a tendency to respiratory failure in bad cases, and for this I used atropine and cannabis indica with good result. Resultant fever, which sometimes was very high, I managed by the application

of ice to the head and spine, or by cold bathing all over the body.

In some instances there was great depression after the main trouble was overcome—that is, after the immediate danger was over. I did not find any form of tonic useful here; time did more than medicine. This experience has also held good in a few cases in which electricity apparently injured the patient when used in a strong dose for tumor or such difficulty. I have urged care in the employment of strong currents in fibroids in several articles, because instances have come under my notice where due caution had not been taken by the operator, and in one instance in my own practice the current apparently injured the abdominal sympathetic, and the woman was miserable for a long time; she got well, however, under long and careful management. She had diarrhoea for eighteen months, which resisted any and all drugs—even that homœopathic humbug, arsenite of copper in the 3-1,000 doses. Whiskey and glycerine was better than all else for her, and it is good in any case of long-continued diarrhoea.

I have had some difficulty, in the shape of tremor, generally throughout the system following electric injury; I suffer from it myself frequently, and it is undoubtedly the result of the shock I was treated to so unceremoniously. Whether this is amenable to drugs or not I don't know; I have not tried anything for it yet in any case.

I don't like strychnine in shock from electric accident, as there seems to be a tendency anyhow to spasm, and, on the contrary, the bromides act nicely. In severe shocks the muscles are more or less torn by excessive contraction, hence strychnine would be contra-indicated. In those instances where I had an opportunity to see a post-mortem, there was considerable destruction of muscle fibre, and the blood was very fluid, and free from clot. This agrees with the results of experiments made toward showing the advantages of electrocution as a death penalty. Some remarkable escapes from fatal results under very powerful currents have happened; in one coming under my notice the man, whilst trimming the lamp, had a current of eight amperes driven by four thousand volts, a large part of which must have passed through his arms, chest, and spine; he was knocked off the pole, but,

aside from bad burns, he was not much the worse for the venture. To me, the possible explanation was that a great part of the energy traversed his clothing, as the day was wet, and his outer garments were very damp. Anyhow, he is still at the old job, but he takes somewhat more care in looking at things before taking good hold of them.

246 NORTH TWENTIETH STREET.

WORLD'S FAIR NOTES.

An exhibit of the Ice Age is being prepared in Ohio for the Exposition by Prof. I. F. Wright. He will collect boulders from different parts of the State, and with them fragments from the original ledges in Canada from which the Ohio boulders were brought by the ice; and specimens of scratched stones; exhibit a large glacial map of Ohio, an outline map showing the course the boulders have been brought, placard detailing the principal glacial facts, etc.

An optician of Baltimore, Md., has perfected an ingenious invention for cutting, grinding and polishing lenses. The original device will be exhibited at the Columbian Exposition. It will make 400 lenses at the same time. It consists of a saw and a number of metal discs, both flat and oval, in which the glass is secured by clamps, and which are kept in constant motion by means of a pulley and wheel operated by a motor.

William M. Singerly, of Philadelphia, will bring his big steer, the largest in the world, to the Columbian Exposition. The steer was sired by a pure bred Holstein, and its dam is a pure bred Durham cow. The animal is six years old and weighs 3,800 pounds. Its height is 5 feet 8 inches, its girth 10 feet 8 inches, its girth over loin 10 feet 10 inches, and its length from root of ear to rump 9 feet 10 inches. Mr. Singerly will exhibit his steer in the Live Stock Department.

Little Claude E. Cowen, less than two years old, son of Dr. N. H. Cowen, of Morgan Park, Illinois, sent 100 pennies as a donation to the children's home to be established by the Exposition. This is the first child's subscription.

University of the * * City of New York,

MEDICAL DEPARTMENT,

No. 410 East 26th Street,

Opp. Bellevue Hospital,

NEW YORK CITY.

FIFTY-SECOND YEAR, 1892-93.

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